

UNDER SENATE BILL AS AMENDED BY RECONCILIATION BILL Below are some of the key provisions that will take effect immediately, under the legislative package the House passed (the Senate health bill as amended by the reconciliation bill). The reconciliation bill is based largely on the improvements put forward by the President's proposal – moving towards the House bill in certain critical areas.

1. **SMALL BUSINESS TAX CREDITS**—Offers tax credits to small businesses to make employee coverage more affordable. Tax credits of up to 35 percent of premiums will be immediately available to firms that choose to offer coverage. Effective beginning for calendar year 2010. (Beginning in 2014, the small business tax credits will cover 50 percent of premiums.)
2. **BEGINS TO CLOSE THE MEDICARE PART D DONUT HOLE**—Provides a \$250 rebate to Medicare beneficiaries who hit the donut hole in 2010. Effective for calendar year 2010. (Beginning in 2011, institutes a 50% discount on brand-name drugs in the donut hole; also completely closes the donut hole by 2020.)
3. **FREE PREVENTIVE CARE UNDER MEDICARE**—Eliminates co-payments for preventive services and exempts preventive services from deductibles under the Medicare program. Effective beginning January 1, 2011.
4. **HELP FOR EARLY RETIREES**—Creates a temporary re-insurance program (until the Exchanges are available) to help offset the costs of expensive health claims for employers that provide health benefits for retirees ages 55-64. Effective 90 days after enactment
5. **ENDS RESCISSIONS**—Bans health plans from dropping people from coverage when they get sick. Effective 6 months after enactment.
6. **NO DISCRIMINATION AGAINST CHILDREN WITH PRE-EXISTING CONDITIONS**—Prohibits health plans from denying coverage to children with pre-existing conditions. Effective 6 months after enactment. (Beginning in 2014, this prohibition would apply to all persons.)
7. **BANS LIFETIME LIMITS ON COVERAGE**—Prohibits health plans from placing lifetime caps on coverage. Effective 6 months after enactment.
8. **BANS RESTRICTIVE ANNUAL LIMITS ON COVERAGE**—Tightly restricts new plans' use of annual limits to ensure access to needed care. These tight restrictions will be defined by HHS. Effective 6 months after enactment. (Beginning in 2014, the use of any annual limits would be prohibited for all plans.)
9. **FREE PREVENTIVE CARE UNDER NEW PRIVATE PLANS**—Requires new private plans to cover preventive services with no co-payments and with preventive services being exempt from deductibles. Effective 6 months after enactment. (Beginning in 2018, this

requirement applies to all plans.)

10. **NEW, INDEPENDENT APPEALS PROCESS**—Ensures consumers in new plans have access to an effective internal and external appeals process to appeal decisions by their health insurance plan. Effective 6 months after enactment.

11. **ENSURING VALUE FOR PREMIUM PAYMENTS**—Requires plans in the individual and small group market to spend 80 percent of premium dollars on medical services, and plans in the large group market to spend 85 percent. Insurers that do not meet these thresholds must provide rebates to policyholders. Effective on January 1, 2011.

12. **IMMEDIATE HELP FOR THE UNINSURED UNTIL EXCHANGE IS AVAILABLE (INTERIM HIGH-RISK POOL)**—Provides immediate access to insurance for Americans who are uninsured because of a pre-existing condition - through a temporary high-risk pool. Effective 90 days after enactment.

13. **EXTENDS COVERAGE FOR YOUNG PEOPLE UP TO 26TH BIRTHDAY THROUGH PARENTS' INSURANCE** – Requires health plans to allow young people up to their 26th birthday to remain on their parents' insurance policy, at the parents' choice. Effective 6 months after enactment.

14. **COMMUNITY HEALTH CENTERS**—Increases funding for Community Health Centers to allow for nearly a doubling of the number of patients seen by the centers over the next 5 years. Effective beginning in fiscal year 2010.

15. **INCREASING NUMBER OF PRIMARY CARE DOCTORS**—Provides new investment in training programs to increase the number of primary care doctors, nurses, and public health professionals. Effective beginning in fiscal year 2010.

16. **PROHIBITING DISCRIMINATION BASED ON SALARY**—Prohibits new group health plans from establishing any eligibility rules for health care coverage that have the effect of discriminating in favor of higher wage employees. Effective 6 months after enactment.

17. **HEALTH INSURANCE CONSUMER INFORMATION**—Provides aid to states in establishing offices of health insurance consumer assistance in order to help individuals with the filing of complaints and appeals. Effective beginning in FY 2010.

18. **CREATES NEW, VOLUNTARY, PUBLIC LONG-TERM CARE INSURANCE PROGRAM**—Creates a long-term care insurance program to be financed by voluntary payroll deductions to provide benefits to adults who become functionally disabled. Effective on January 1, 2011.